STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	295020	A. BUILDING _____ B. WING _____	C 03/11/2005

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROSEWOOD REHABILITATION CENTER	**2045 SILVERADA BLVD. RENO, NV 89512**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS Surveyor: 19948 This Statement of Deficiencies was generated as the result of a complaint investigation conducted at your facility on 3/1-3/11/2005. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws. Complaint NV00007319 alleged that a resident was admitted to the emergency room of the acute care hospital. The resident fell at the facility, became unresponsive and died at he Er after a failed code. The ER physician was concerned because of previous labs from the SNF were very high and had not been acted upon. With the investigation, it became clear than some of the information in the allegation was erroneous. There was no documentation in the resident's record at the facility that a recent fall had occurred. When the resident's record at the acute care facility was reviewed, it was found that the resident had not coded in the ER, nor had he expired. As of 3/4/2005, the resident was in the Intensive Care Unit. The allegation that the resident's high labs had not been acted on was unsubstantiated.	F 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.